

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 50007757

STATE FILE NUMBER

FILED FEB 16 1965

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, give township and range) NEAR FARMINGTON - RURAL		c. CITY OR TOWN ESTHER, MISSOURI	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) THOMAS DELL NURSING HOME		d. STREET ADDRESS (If outside, give location) LINCOLN ST.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle FREDERICK Last COUNTS		4. DATE OF DEATH Month JAN Day 26 Year 1965	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/16/1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY LEAD MINER.	9. AGE (last birthday) 58
11. BIRTHPLACE (City and state or country) FLAT RIVER, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME EDMOND COUNTS		13b. MOTHER'S MAIDEN NAME AMANDA STONE	
14. NAME OF HUSBAND OR WIFE HAZEL STACY 'dec'd'		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT SUSAN ROBINSON Address FLAT RIVER, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Brain Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year [REDACTED]		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1945 to Jan 26, 1965 and last saw him alive on Jan 26, 1965 Death occurred at 11:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. L. Foster (Degree or title) MD	
22b. ADDRESS Desloge, Mo.		22c. DATE SIGNED Jan 28, 65	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1/29/65	
23c. NAME OF CEMETERY OR CREMATORY PARKVIEW CEMETERY		23d. LOCATION (City, town, or county) (State) NEAR FARMINGTON, MO.	
24. FUNERAL DIRECTOR CALDWELL & SONS		25. DATE RECD. BY LOCAL REG. Feb. 9, 1965	
26. REGISTRAR'S SIGNATURE Ethel Redloff			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

DATE AMENDED

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APR 1 1955

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

If this body is not embalmed, fact should be so stated above.